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Waiver Wise

Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Disability and Elder Services
Bureau of Aging & Long Term Care Resources

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Adaptive Aids Part II

The following document is the second installment in a two-part series of technical assistance focusing on adaptive aids. The first document in the series (Volume 03 Issue 03) highlighted general information about adaptive aids. This piece specifically addresses lift chairs and adaptive aids for vehicles.

Question 1 – A daughter of a participant bought a lift chair at an estate sale for \$250.00 and now would like the Waiver to reimburse her. Is this possible?

Yes. Since the used equipment is being purchased from a private party, it is necessary to have the equipment inspected by an Independent Living Center, a rehabilitation organization, occupational therapist, physical therapist or other professional with comparable training and experience to ensure the item is in proper working condition and the equipment will safely meet the participant's assessed need.

It is also necessary to case note that Medicaid card will not purchase used equipment.

Question 2 – A lift chair needs repair and is under warranty, but the company charges a \$35 trip fee (actual repair and parts replacement will be free). Can the Waiver pay for the trip fee?

Yes, as part of the charge for repairs of the adaptive aid. Document what is covered under warranty and what is not, and that the trip charge is part of the necessary cost to have the lift chair repaired. This can be billed under SPC 112.99 – Adaptive Aid.

Question 3 – A participant has a lift chair for which he would like more padding to make it more comfortable. Other suggestions have been made...sheepskin, egg crate pad, etc., but the participant wants new padding put into the chair. Would this be a waiver allowable expense?

No, there is nothing adaptive about it. Adding more padding may make the chair more comfortable, but it does not aid the participant in independently completing a task. If the county felt it was important to the participant, it may use COP funds to add more padding to the chair.

Question 4 – Are lift chairs fundable by Medicare?

The lift chair itself is not fundable, but according to the Region B DMERC Supplier Manual, Chapter 17, “the seat lift mechanism is covered under Medicare if the following criteria are met:

- ◆ The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
- ◆ The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition.
- ◆ The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
- ◆ Once standing, the patient must have the ability to ambulate.

Coverage of seat lift mechanisms is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance. Excluded from coverage is the type of lift which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position.

Coverage is limited to the seat lift mechanism, even if it is incorporated into a chair. Payment for a seat lift mechanism incorporated into a chair is based on the allowance for the least costly alternative.

The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.”

Question 6 – Can the waiver program fund the purchase and installation costs of an adaptive aid on a vehicle not owned by the program participant?

It depends on who owns the vehicle. Yes, the waiver program can fund the cost of purchasing an adaptive aid and installing it on a vehicle owned by another person who is significant in the program participant's life. This might occur when a program participant cannot operate a vehicle themselves, but needs a vehicle modified to transport them. Examples of people involved with providing transportation to a program participant with their vehicle might include a parent, extended family member, or “significant other”. This service is billable under SPC 112.57 – Adaptive aids – vehicles.

When determining the appropriateness of installing an adaptive aid on a vehicle not owned by the program participant, it is best practice to review the stability of the relationship between the parties involved. A care manager may wish to obtain a written agreement to have the vehicle's adaptive aid returned to the program participant in the event the vehicle's owner no longer provides transportation services or is no longer involved with the participant.

Important note: The waiver program cannot fund the cost of purchasing or installing an adaptive aid on a vehicle owned by a substitute care provider (adult family home, CBRF, or RCAC). The cost of providing an adaptive vehicle for residents in a substitute care facility is an operating cost of the facility.

Question 7 – A care manager is pursuing a \$6000 van modification for a participant. Does the work estimate need to be reviewed for approval of this vehicle-related adaptive aid?

No. As of January 1, 1997, adaptive aids no longer require review or approval from BALTCR staff or their designee The Management Group, Inc. (TMG). The approval of vehicle-related adaptive aid (SPC 112.57) purchases along with the cost to install such adaptations are local decisions made at the county level. The care manager would need to follow the county's review process for one-time purchases.

Waiver program dollars can be utilized to purchase and/or install a vehicle-related adaptive aid when the following requirements have been met:

- ◆ The care manager documents in the case file the participant's need for the vehicle-related adaptive aid.
- ◆ The care manager documents that Medicaid's funding of the vehicle-related adaptive aid is not available.
- ◆ For vehicle-related adaptive aid expenditures in excess of \$1,000, the COP-W/CIP II participant record must contain documentation from either an Independent Living Center, a rehabilitation organization, occupational therapist, physical therapist or other professional with comparable training and experience, that the item is appropriate to the needs of the participant. The \$1,000 cost is a combined cost of purchasing all of the needed adaptive aid components, along with the cost associated with installing the adaptive aid(s).
- ◆ There must be documentation in the participant file to substantiate that the adaptive aid(s) cannot be obtained through Wisconsin Medicaid. This is a requirement, regardless of the cost of the item.